



Wisconsin Medicaid

Wisconsin Well Woman Medicaid

Wisconsin Well Woman Medicaid allows certain women to get full Medicaid benefits. This program helps women who have been diagnosed and are in need of treatment for breast or cervical cancer pay health care cost.

You may be able to get Wisconsin Well Woman Medicaid, if you:

- Are enrolled in the Wisconsin Well Woman Program through Well Woman Program Local Coordinating Agencies,
- Are under age 65 and have been screened for breast or cervical cancer by the Wisconsin Well Woman Program,
- Are a resident of Wisconsin,
- Are a citizen or qualifying immigrant,
- Provide a Social Security Number or apply for one,
- Are not able to get private or public health care coverage for treatment of breast or cervical cancer, **and**
- Have a diagnosis of breast or cervical cancer, or a precancerous condition of the cervix, and need treatment for the breast or cervical cancer, or a precancerous condition of the cervix, as identified by the Wisconsin Well Woman diagnosing provider.

Or

You may be able to get Wisconsin Well Woman Medicaid if you are enrolled in the Medicaid Family Planning Waiver Program and you:

- Have been screened for, and diagnosed with, cervical cancer or a precancerous condition of the cervix and found to be in need of treatment for cervical cancer, **or**
- Have received a clinical breast exam through Family Planning Waiver Program and through follow up medical testing outside of the Family Planning Waiver Program are diagnosed with breast cancer and found to be in need of treatment for breast cancer, **and**
- Are not able to get private or public health care coverage for treatment of breast or cervical cancer.

Note: Women who have been screened through Wisconsin Well Woman Program and are not able to get Medicaid because of immigration status may be able to get Emergency Medicaid.

Presumptive Eligibility (Temporary Medicaid)

Presumptive eligibility is “temporary” Medicaid you can get through the Well Woman Program. This allows you to get health care while you apply at the local agency.

Temporary Medicaid can begin on the date you were diagnosed by a “certified Medicaid provider” if a presumptive eligibility application is submitted to the provider.

Temporary Medicaid begins on the date you are diagnosed and will end at the end of the month following the month of diagnosis. If you wish to continue to get Medicaid benefits, you must apply with the local Medicaid office. You can apply by mail, telephone or in person.

Getting Services

You will get a Wisconsin Forward card in the mail. Until you get your card you must take your completed Wisconsin Well Woman Program enrollment form (DPH 4818) and the Wisconsin Well Woman Medicaid Determination Form (HCF 10075) to each appointment. This shows your health care provider that you have applied for temporary Medicaid.

For More Information:

- Contact Recipient Services at 1-800-362-3002; and
- Visit the Wisconsin Well Woman Program web page at <http://dhfs.wisconsin.gov/womenshealth/wwwp/>.

The Department of Health and Family Services is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact (608) 266-3356 or 1-888-701-1251 (TTY). All translation services are free of charge.

For civil rights questions call (608) 266-9372 or 1-888-701-1251 (TTY).

